

**STATE OF COLORADO  
DEPARTMENT OF HUMAN SERVICES  
DIVISION FOR DEVELOPMENTAL DISABILITIES**

**PROGRAM APPROVED SERVICE AGENCY  
NOTIFICATION OF SERVICE AREA EXPANSION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Director/CEO: \_\_\_\_\_

In which CCB(s) service area does the PASA currently provide services? \_\_\_\_\_

To which CCB(s) service area is the PASA expanding services? \_\_\_\_\_

Have specific individuals been identified to receive services? Yes ☐ No ☐

Is the agency establishing an additional administrative unit? Yes ☐ No ☐

If yes, what is the address? \_\_\_\_\_

**The PASA is expanding the provision of the following program approved service(s):**

- ☐ Assistive Technology (HCBS-SLS and HCBS-CES)
- ☐ Behavioral Supports (HCBS-DD, HCBS-SLS and HCBS-CES)
- ☐ Community Connector (CES)
- ☐ Dental Services (HCBS-DD and HCBS-SLS)
- ☐ Group Residential Services and Supports *(An initial program approval application must be submitted for new GRSS facilities)*
- ☐ Home Accessibility Adaptations (HCBS-SLS and HCBS-CES)
- ☐ Homemaker Services (SLS and CES)
- ☐ Individual Residential Services and Supports
- ☐ Personal Care (SLS and CES)
- ☐ Personal Emergency Response System (HCBS-SLS)
- ☐ Movement Therapy - Professional Services (HCBS-SLS and HCBS-CES)
- ☐ Hippotherapy – Professional Services (HCBS-SLS and HCBS-CES)
- ☐ Massage Therapy – Professional Services (HCBS-SLS and HCBS-CES)
- ☐ Mentorship (SLS)
- ☐ Respite (SLS and CES)
- ☐ Specialized Habilitation (HCBS-DD and HCBS-SLS) *For new facilities submit a copy of the local fire authority inspection.*
- ☐ Supported Community Connections (HCBS-DD and HCBS-SLS)
- ☐ Supportive Employment (HCBS-DD and HCBS-SLS)
- ☐ Transportation (HCBS-DD and HCBS-SLS)
- ☐ Vehicle Modifications (HCBS-SLS and HCBS-CES)
- ☐ Vision Services (HCBS-DD, HCBS-SLS and HCBS-CES)

What is the anticipated start date of services? \_\_\_\_\_

**The PASA must notify the current and new CCBs of the service area expansion.**

\_\_\_\_\_  
Signature of Service Agency Director

\_\_\_\_\_  
Date